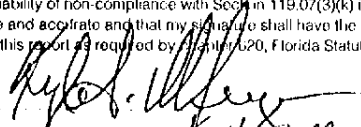


FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 97 DEC 16 AM 11:24 <i>mtm 12/18</i> 	
1. Name of Limited Partnership SOUTHERN FRUIT GROVES, LTD.		1a. DOCUMENT # A23337			
Mailing Address P.O. BOX 568367 ORLANDO FL 32856-8367		Principal Office Address -100 WEST PINELOCH STREET ORLANDO FL 32806		3. Date Formed or Registered 09/29/1986 3a. Date of Last Report 12/19/1996 4. State or Country of Formation FL	
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country		2a. Principal Office Address 260 W. Pine Loch St. Suite, Apt. #, etc. City & State Orlando, FL Zip 32806-6133		5a. Capital Contributions as Shown on record. \$252,450.00 5b. Amount of Capital Contributions in FLORIDA to date \$8.75 Additional Fee Required ☐ Applied For ☒ Not Applicable 6. FEI Number 59-2744674 7. Certificate of Status Desired 10 8. Make check payable to: Dept. of State (See reverse side for fee information)	
9. Name and Address of Current Registered Agent MEYER, KYLE S 100 WEST PINELOCH STREET-- ORLANDO FL 32806			10. If changed, now Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) 260 W. Pine Loch St. Suite, Apt. #, etc. City Orlando FL Zip Code 32806-6133		
10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.					
SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____					
A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.					
11. Name(s) of General Partner(s) PINELOCH MANAGEMENT CORP		11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 100 W. PINELOCH STREET-- 260 W. Pine Loch St.		11b. City, State & Zip Code ORLANDO FL 32806-6133 400002380424-4 -12/23/97-01056-011 *****550.00 *****550.00	
11c. Registration/Document Number J27489		CP2E003 (6/97)			
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.					
12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by Section 620, Florida Statutes.					
SIGNATURE 		DATE 10/6/97 (407) 859-3550			
Typed or Printed Name of General Partner Signing Form Kyle S. Meyer, President & Treasurer		Daytime Telephone Number			